



JFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 555255012608

Group Art Unit: 2817 )  
Examiner: Chang )  
Inventor: Tiller )  
Serial No.: 10/691,986 )  
Filed: 10/23/2003 )  
For: Integral Mixer and Oscillator Device )

AMENDMENT

CERTIFICATE OF MAILING

*I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 6, 2004.*

By Delilie Bejean

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on April 5, 2004, please amend the above-titled application as follows. Any fees due should be charged to Jones Day Deposit Account No. 501432, ref: 555255012608.

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number  
501691986  
555255012608

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	20 = 7
Independent	3	Minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	18
X43=		OR X86=	0
+145=		OR +290=	0
TOTAL		OR TOTAL	788

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	126.00
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.